

# FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial\*** Statement of Organization
- ☒ This is an **amended\*** Statement of Organization

\*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM  
DR-1  
(Rev. 07/00)

STATEMENT  
OF  
ORGANIZATION

## For Office Use Only

Comm. # \_\_\_\_\_  
Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Computer \_\_\_\_\_

## COMMITTEE NAME (Required by law)

Appphoose County Republican Central Committee

IMPORTANT: Indicate type of committee you are reporting for:  
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER  
(Required by law)

This address used for all reminders and correspondence)

add - Co-Chairman

COMMITTEE CHAIR (List additional officers on separate page)

Name

Mary Ann Wetmore

Mailing Address

17796 200th Avenue

City, State Zip Code

Centerville, Iowa

Phone ( 641 ) 647-2624

e-Mail

Name

Richard Taylor

Mailing Address

26237 Hwy. 202

City, State Zip Code

Moulton, Ia. 52572

Phone ( 641 ) 895-3007

e-Mail rt - mmlelections.net

INDICATE PURPOSE OF COMMITTEE - Check One Box ☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought:

District:

Year Standing for Election:

Political Party (if applicable)

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County:

Date of Election:

Bank Account Name

U.S. Bank

Name of Financial Institution/type of Account

PO BOX 1800

Mailing Address

St. Paul, Minnesota 55101-0800

City State Zip

Candidate name & Address or Parent Entity (PACs, if applicable).  
Affiliate, or Sponsor

Mailing Address

City

State

Zip

Phone ( )

e-Mail

## DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

- (1) DONATED TO \_\_\_\_\_ COUNTY CENTRAL COMMITTEE
- (2) DONATED TO \_\_\_\_\_ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
- (3) DONATED TO CHARITABLE ORGANIZATION (specify) \_\_\_\_\_
- (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
- (5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACS ONLY), PLEASE BE SPECIFIC

## TATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of 500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Co-Chair

Date Signed

Date Signed